

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PI 2010

* In accordance with R.I.G.L. 7-1.2 subject to a penalty fee of \$25.00.				s after the time prescribed by law	
1. Corporate ID No. 80829	2. Name of Corporation Hoogasian Landscaping, Inc.				
3. Street Address Principal Business Office 730 Shermantown Road			City Saunderstown	State Rhode Island	Ζφ 02874
4. Business Phone No. 5. State of Incorporation 401-294-7300 Rhode Island				•	
6. Brief Description of the Characte To provide landscaping se		Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA- President Name Stephen E Hoogasian			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Cynthia L Hoogasian		
Street Address 730 Shermantown Road			Street Address 730 Shermantown Road		
^{City} Saunderstown	State Rhode Island	^{Ζip} 02874	City Saunderstown	State Rhode Island	^{Zip} 02874
Secretary Name Stephen E Hoogasian			Treasurer Name Cynthia L Hoogasian		
Street Address 730 Shermantown Road			730 Shermantown Road		
^{City} Saunderstown	State Rhode Island	^{Ζψ} 02874	City Saunderstown	State Rhode Island	<i>Ζψ</i> 02874
8. NAMES AND ADDRESSE Director Name Stephen E Hoogasian	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address 730 Shermantown Road			Street Address		
City Saunderstown	State Rhode Island	Zip 02874	City	State	Zip
Director Name	1 Triode Island		Director Name		l
Street Address			Street Address		
City	State	Zip	City·	State	Ζip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100		0.00
This report must be execute this report must be executed				orporation is in the hands of	of a receiver or truste
		7		erjury. I declare and affirm tha impanying schedules and state e true and correct.	
File Dale	-2010		<u> Cynthia</u> X	Hoogasia.	2/17/10
Check No	135		Signiture	ogasian	Date

Print or Type Name Vice President Title Form 630 Rev. 08/08